MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Innovation Resource Paper

I. INTRODUCTION

The following is an initial articulation of the Innovation Committee's recommendations to the Mental Health Oversight and Accountability Commission (OAC) for Mental Health Services Act (MHSA) funding for Innovative Programs. The document includes:

a) The foundation for Innovative Programs articulated in the *MHSA,* including *funding priorities*

b) A *definition* of innovation to provide a framework for discussion

c) *Scope* of innovation: the range of potential application for innovation funding

d) *Principles*: essential building blocks to successful innovation that promote transformation

e) *Criteria*: indicators that proposed innovation will be successful and support MHSA priorities.

The Innovation Committee believes that the proposed definition, scope, principles, and criteria for Innovative Programs can best achieve the purposes articulated in the MHSA.

II. MHSA PRIORITIES FOR INNOVATIVE PROGRAMS

The MHSA, Part 3.2 Innovative Programs, Section 5830 a.1-4 specifies that funds for Innovative Programs are for the following purposes:

a) Increase access to underserved groups

b) Increase the quality of services, including better outcomes

c) Promote interagency collaboration

d) Increase access to services.

Recommendation: The Innovation Committee recommends that these constitute the *Priorities for Innovative Programs.*

According to the MHSA (Part 4.5, Mental Health Services Fund, Section 5892 a.6), "5% of the total funding for each county mental health program for Parts 3 [adults and seniors], 3.6 [prevention and early intervention], and 4 [children] shall be utilized for Innovative Programs after approval of the proposed programs by the MHSOAC."

Recommendation: The Innovation Committee recommends that the source of Innovation funds should not define or limit Innovation programs and that Innovation funding priorities, scope, principles and criteria should be independent of those adopted for Community Services and Supports and Prevention Early Intervention.

III. DEFINITION OF INNOVATION

Recommendation: The Innovation Committee defines Innovative Programs as novel, creative, ingenious mental health approaches developed within communities in ways that are inclusive and representative, especially of un-served, underserved and inappropriately served individuals. Innovation supports and enhances recovery and resilience, reduces disparities in mental health services and outcomes and leads to learning and transformation.

Merely addressing an unmet need is not sufficient for innovation funding. Further, and by their very nature, not all innovations will be successful.

Innovative approaches, in addition to being new, often:

- Offer new, creative approaches to persistent, seemingly intractable challenges
- Build on successful approaches not currently considered part of mental health delivery
- Challenge existing paradigms; change the status quo in fundamental ways
- Experiment and take risks
- Communicate about mental illness and mental health in different words
- Think in different categories
- Reflect voices not often heard in mental health policy and practice
- Engage and support people who are not currently being served or who are being served inappropriately
- Occur in accessible, welcoming settings
- Involve people in unfamiliar relationships and roles.

IV. SCOPE OF INNOVATION

Recommendation: Innovative Programs for designated MHSA priorities are available for different kinds of approaches, including but not limited to:

- **Introduction of a new mental health practice**
- **Substantial change of an existing mental health practice, including significant adaptation for a new setting or community**
- **New application to the mental health system of a promising community approach or an approach that has been successful in other (non-mental health) contexts.**

Approaches that have previously demonstrated their effectiveness and that do not add to substantial learning can be considered for funding under MHSA Community Services and Supports.

Innovative Programs cumulatively support individuals and families/caretakers across all life stages and all age groups, includes multi-generational approaches.

Innovation funds are available for various levels of intervention, including but not limited to individuals, families (self-defined), neighborhoods, tribal and other communities, counties, multiple counties, regions and the State.

Innovation funds can support a wide range of interventions in addition to services and programs: for example (but not limited to), advocacy, outreach, capacity and community development, planning, prevention, early intervention, policy and system development and changes, public educational efforts, education and training for service providers (including people not currently defined as mental health practitioners) and research.

Availability of funding does not imply that a specific proposal must address all categories or the entire range in any category.

V. PRINCIPLES AND CRITERIA

The Innovation Committee recommends the following principles to guide innovation funding. It is expected that funded Innovative Programs will reflect all recommended principles. Proposed criteria are preliminary, to be developed by committee members.

a) **Recommended Principle: Innovative Programs are aligned with the transformational values identified in the *Mental Health Services Act* and the *Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act.***

   Criteria (examples)

   i.   Addresses a significant need in one or more Innovation Priority

   ii. Increases access to un-served, underserved and inappropriately served communities; defines and provides a rationale for who is un-served, underserved and inappropriately served

   iii. Provides a rationale that the proposed innovation will lead to transformation of California's mental health system in directions articulated by the MHSA

   iv. Has potential to create significant positive change in communities

   v.   Proposes innovative approaches to reduce stigma and discrimination

b) **Recommended Principle: Proposed innovations are developed at the grass-roots level with inclusive representation of current and potential service users and their families and caretakers; the perspective, experience and priorities of diverse stakeholders is significantly reflected in Innovative Programs.**

    i. Documents culturally and linguistically appropriate outreach and accessibility to support inclusion of diverse stakeholders, including current service users and their families and caretakers, and people un-served, underserved and inappropriately served by mental health system

    ii. Documents a fair, inclusive, respectful, and effective process for community input, including at least proportional participation of un-served, underserved and inappropriately served individuals and service recipients of diverse race, language, ethnicity, tribe, age, mobility, sexual preference etc.

    iii. Documents evidence that all elements of proposed innovation plan accurately reflect the perspectives of diverse stakeholders, including but not limited to definition and priority of need to be addressed, rationale for design and delivery, plan for ongoing assessment and course correction and design of evaluation and dissemination

    iv. Documents evidence that all elements of delivery of innovation reflect the ongoing involvement of diverse users of services and family members, including but not limited to significant roles in implementation, staffing, evaluation, and dissemination

    v. Demonstrates significant leadership by people to be served

c) Recommended Principle: Proposed Innovative Program inspires confidence that effort has high potential for success and includes elements likely to lead to recovery and/or increased resilience and health

Criteria (examples)

    i. Provides a rationale that the proposed Innovative Program is a good way to address the need (quality of approach) and is likely to meet the goals (outcome), based on theory, practice, research, cultural tradition or other method

    ii. Communicates a clear and compelling strategy

    iii. Documents approach to ensure high quality of services or other form of intervention

    iv. Demonstrates awareness of existing successful state-of-the-art approaches to address the identified problem or need. Explains rationale for adapting successful approach, funding successful approach previously not included in formal mental health system or creating new approach

    v. Explains why proposed approach is appropriate in community, setting or other context; for adapted approaches, explains how program will be substantially changed

    vi. Includes strong leadership to increase the probability that innovation

will be supported and sustained (includes as "leaders" people to be served); uses leadership development strategies to increase potential impact of change

vii. Includes plan to gain access to resources and supports needed for all elements of innovation

viii. Demonstrates history of positive results that creates a positive of context for this new effort

ix. Approach is cost-effective

x. Includes evidence of waivers or other policy changes needed to support innovation

d) **Recommended Principle: Innovative Programs demonstrate cultural competency and capacity to reduce disparities in mental health services and outcomes**

Criteria (examples)

i. Identifies disparities in mental health services and outcomes and offers sound plan to reduce or eliminate these disparities

ii. Prioritizes service providers and recipients not currently part of the mental health delivery system in planning, designing, delivering and benefiting from proposed innovation

iii. Increases capacity for un-served, underserved and inappropriately served individuals and communities to plan, develop and deliver innovative approaches

iv. Incorporates culturally competent approaches to recovery, wellness and resilience

v. Addresses needs of people who are undocumented and/or who are ineligible for other mental health services

vi. Includes sound plan to increase access to services and supports

vii. Includes culturally appropriate approaches to reducing stigma and discrimination against people affected by mental illness, including internalized oppression.

e) **Recommended Principle. Innovations initiate, support and expand collaboration and linkages, including connections with systems, organizations, healers and practitioners whether or not usually defined as mental health**

Criteria (examples)

i. Creates and/or expands links with people, organizations and/or systems not designated as mental health (such as schools, primary care, housing and homeless services, first responders, traditional healers, employment programs or employers, law enforcement, social services, spiritual organizations, youth programs, supports for elders, food programs, community and tribal leaders, other statewide

collaboratives or initiatives etc.)

    ii. Creates and/or expands links among mental health delivery systems; increases access

    iii. Brings people together to address their common problems or concerns; includes a plan to document increased collaboration, and the impact of this change.

    iv. Documents a relationship between proposed innovation and other MHSA components (community services and supports, prevention and early intervention, education and training, capital facilities and technology)

    v. Reflects multiple voices and perspectives

    vi. Fosters collaborative leadership, especially among service users and their families and caretakers

f) Recommended Principle: Innovation includes innovative, culturally relevant evaluation that contributes to increased knowledge and ongoing quality improvement

<u>Criteria (examples)</u>

    i. Identifies expected changes and outcomes as a result of proposed innovation, and how these will be assessed

    ii. Includes a plan to measure success of innovation (it did what it said it would do), learning (it changed, if indicated, in response to experience) and results (positive, negative, and mixed).

    iii. Expresses culturally appropriate approaches to learning and evaluation that incorporate relevant community values

    iv. Includes definitions and measures of success based on the perspectives of users of services, un-served individuals, family members and caretakers, tribe, and communities

    v. Clearly describes current baseline practice, service, system and/or policy to be changed by the proposed innovation; explains why status quo needs to be changed—needed change could be to develop, support, and fund community and tribal practices that have been excluded from formal mental health system

    vi. Evaluation identified lessons learned and supports program improvement as well as accountability

    vii. Evaluation findings contribute to knowledge of what works for service users and for previously un-served, under-served and inappropriately served communities

    viii. Emphasizes involvement of diverse community members before, during and after evaluation

    ix. Evaluation results benefit program participants

       x. Program participants have significant role in interpreting evaluation results

g) Recommended Principle: Innovative Programs balance risk and safety

<u>Criteria (examples)</u>

      i. Has high probable benefit relative to level of risk

      ii. Defines necessary risks, expected benefits and planned safeguards and alternatives for users of services, including informed consent and protections for privacy and confidentiality

      iii. Includes evaluation, quality assessment and/or research to identify and communicate to participants about positive and negative outcomes, including methods to alert participants to new information that might change their decision to participate.

      iv. Includes process of community review to safeguard participants in research

      v. Clarifies routine vs. non-routine procedures and treatment

      vi. Includes protection of participants consistent with community, institutional, state and federal guidelines for clinical, administrative and research endeavors

      vii. Innovative Programs are consistent with community standards and values

h) Recommended Principle. Proposed innovation includes plan to communicate successes and build on lessons learned in order to disseminate successful practices

<u>Criteria (examples)</u>

      i. Includes innovative plan to communicate what works and what doesn't— replicating successful approaches and sharing lessons learned

      ii. Documents and/or includes plan to participate in local, regional, and statewide efforts to learn about Innovative Programs, including their impact on mental health services and outcomes

      iii. Includes approach to communicating results to diverse audiences, including service users and potential service users

      iv. Includes plan to communicate lessons learned in a way that contributes to the reduction of stigma and discrimination against people facing mental health challenges

i) Recommended Principle: Proposed innovation leverages resources to maximize impact

<u>Criteria (examples)</u>

      i. Brings or includes plan to generate additional resources, such as in-kind support, other sources of funding, etc.

ii. Extends its reach and impact through collaboration with community partners

iii. Includes linkages or collaborations among counties with similar priorities

iv. Collaborates with State agencies, programs, and initiatives, such as First Five, Employment Development Department, Department of Education and others to maximize access and extend resources

v. Proposed innovation includes a time frame in which it demonstrates its usefulness and, if relevant, transitions to stable funding or other form of sustainability

vi. Documents commitment to continue Innovative Programs that have been demonstrated to be useful

vii. The proposed project creates opportunities for building capacity